

Delaware Board of Medical Practice Volunteer License Checklist

<p>Below is a checklist of required licensure documentation to apply for a volunteer medical license:</p>
<p><input type="checkbox"/> Submit a completed, notarized Application. (If you are utilizing the FCVS via the FSMB, refer to the instruction sheet for further information.)</p>
<p><input type="checkbox"/> Submit the non-refundable pro-rated fee. (Refer to Fee Schedule for instructions.)</p>
<p><input type="checkbox"/> Submit an 8 1/2" X 11" copy of your medical school diploma.</p>
<p><input type="checkbox"/> Submit an 8 1/2" X 11" copy of your PGY1 training certificate, if you are not a foreign-trained medical graduate. If you are a foreign-trained medical graduate, submit 8 1/2" X 11" copies of your PGY1, 2 and 3 certificates.</p>
<p><input type="checkbox"/> Submit an 8 1/2" X 11" copy of your ECFMG certificate, if you are a foreign-trained medical graduate.</p>
<p><input type="checkbox"/> Request that an official complete status report (including all passing and failing attempts) of your ECFMG certification be sent directly to the Delaware Board of Medical Practice (ECFMG - 215-386-5900 or at www.ecfm.org). This applies only to foreign-trained medical graduates.</p>
<p><input type="checkbox"/> Request verification of licensure in good standing from States/jurisdictions currently or <u>previously licensed</u>. This includes training licenses. (See <i>Verification of Physician License</i> form.)</p>
<p><input type="checkbox"/> Request an official national examination report (including all passing and failing attempts) be sent directly to the Delaware Board of Medical Practice. Please contact the appropriate entity from the list below:</p> <p>Federation of State Medical Boards (FLEX, USMLE or SPEX) - 817-868-4000 or at www.fsmb.org</p> <p>National Board of Medical Examiners (NBME) - 215-590-9592 or at www.nbme.org</p> <p>National Board of Osteopathic Medical Examiners (NBOME) - 773-714-0622 or at www.nbome.org</p> <p>Medical Council of Canada (Qualifying Examination (QE) Part I and Part II) - 613-521-6012 or at www.mcc.ca</p>

<p><input type="checkbox"/> Request official verification of your medical school training to be sent directly to the Delaware Board of Medical Practice. If more than one school was attended, please forward the <i>Verification of Medical Education</i> form to each medical school that you attended. (See <i>Verification of Medical Education</i> form.)</p>
<p><input type="checkbox"/> Complete the <i>Recommendation from Chief of Staff or Chief of Services</i> form and forward it to the Chief of Staff or Chief of Service in a medical facility where you currently or previously had privileges. (See <i>Recommendation from Chief of Staff or Chief of Services</i> form.)</p>
<p><input type="checkbox"/> Complete the <i>Verification of Post Graduate Medical Education</i> form and forward it to each program that you attended. The completed report must be sent from the training institution directly to the Delaware Board of Medical Practice with the institutional seal affixed. If no seal is available, the completed form <u>must be notarized</u>. (See <i>Verification of Post Graduate Training</i> form.)</p>
<p><input type="checkbox"/> Submit your original National Practitioner Data Bank Response of your Self-Query Report directly to the Delaware Board of Medical Practice. (Information on how to obtain this report can be found at NPDB Help Line - 1-800-767-6732 - or online at www.npdb-hipdb.com/forms.html.)</p> <p><i>It is in the applicant's best interest to contact the board office periodically to check the status of his/her application. You may contact the Board office at 302-744-4507 or by email at Victoria.Hall@state.de.us. Our service standard is to reply to all inquiries within 2 business days.</i></p>